

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04697

## CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Delaware</u> COUNTY <u>Sussex</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ridgely</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Clarksville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Susan</u>	(Middle) <u>Mattie</u>	(Last) <u>Brasore</u>
4. DATE OF DEATH	(Month) <u>5</u>	(Day) <u>6</u>	(Year) <u>1951</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>	8. DATE OF BIRTH <u>1/26/1869</u>
9. AGE last birthday <u>82</u> yrs.		If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Murray</u>		14. MOTHER'S MAIDEN NAME <u>Susan M. Murray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mr. F.W. Taylor Ridgely Md.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 50, 1951, to May 5, 1951, that I last saw the deceasedalive on 5-6, 1951, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 6, 1951Mary C. LairdR.B. Rawlings Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAY 19 1951

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04698

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Newton Rd.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Newton Rd.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Martha</u> (Middle) <u>Lillian</u> (Last) <u>Causey</u>	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>29</u> (Year) <u>1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S.</u>	8. DATE OF BIRTH <u>May 25 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>6</u> yrs. <u>4</u> mos. <u>4</u> days <u>4</u> hours <u>4</u> min.
11. BIRTHPLACE (State or foreign country) <u>Easton Md.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Causey</u>		14. MOTHER'S MAIDEN NAME <u>Bathiea Beversell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> (If year, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Thomas Causey</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Accidental Suffocation</u>	<u>immediate</u>	
Antecedent cause(s) (b) <u>9250</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>1952</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dr. Wm. & O. Ave. Lead, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:10 P. m., from the causes and on the date stated above.

SIGNATURE <u>Dr. Wm. &amp; O. Ave. Lead</u>	ADDRESS <u>Dr. Wm. &amp; O. Ave. Lead</u>	DATE SIGNED <u>6/6/57</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE <u>May 31 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Newton</u>
LOCATION (City, town, or county) <u>Newton</u>	(State) <u>Md.</u>	
DATE REC'D BY LOCAL REG. <u>5/31/57</u>	REGISTRAR'S SIGNATURE <u>Dr. Wm. &amp; O. Ave. Lead</u>	24. FUNERAL DIRECTOR <u>W. J. Moore &amp; Son</u>
		ADDRESS <u>Newton</u>

20527135 2404

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 7 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 41

04699

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Greensboro</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Greensboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Wyatt Boarding Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>AIMEE</u> (First) <u>CARTER</u> (Middle) <u>GREGG</u> (Last)		4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 6, 1868</u>
9. AGE last birthday <u>82</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>ind</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Edward B. Carter</u>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Lucas Isabelle Carter, 1213 Jefferson St. Wilms, Del.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

442X Antecedent cause(s)  
Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

131a

(a) Under Renal Disease  
(b) Chronic Renal Disease  
(c) Uremia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 15, 1950, to May 23, 1951, that I last saw the deceasedlive on May 22, 1951, and that death occurred at 5:00 m., from the causes and on the date stated above.SIGNATURE Charles H. Greenleaf M.D. ADDRESS Greensboro, Del. DATE SIGNED May 24, 1951

23. BURIAL, CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Cremation</u>	<u>May 24, 1951</u>	<u>Silverbrook Crematory</u>	<u>Wilmington, Delaware</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>May 27, 1951</u>	<u>L. M. Pippin</u>	<u>J. Virgil Moore, Intendant.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 4 1992  
BUREAU W.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04700

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <u>Baltimore</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>North Baltimore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>North Baltimore</u>	
TOWN <u>at home</u>		TOWN <u>Ridgeley Rd.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>at home</u>		STREET ADDRESS (If rural, give location) <u>Ridgeley Rd.</u>	
3. NAME OF DECEASED (Type or Print) <u>Bessie Mae</u> (First) <u>John</u> (Middle) <u>John</u> (Last)		4. DATE (Month) (Day) (Year) DEATH <u>May</u> <u>25</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Apr. 20 1893</u>
9. AGE last birthday <u>58</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Oliver Johnson</u>		14. MOTHER'S MAIDEN NAME <u>Alice Dixon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>11-454</u>	
17. INFORMANT AND ADDRESS <u>William John</u> <u>Ridgeley Rd.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cerebral hemorrhage</u>		<u>1 day</u>
Antecedent cause(s) (b) <u>Hypertension</u>		<u>1 year 3 mo.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Rheumatic mitral</u>		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
HOMICIDE		INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 191950 to May 25 191951, that I last saw the deceased alive on May 25 191951, and that death occurred at 11:45 a.m. from the causes and on the date stated above.

SIGNATURE <u>A. H. Small</u>		ADDRESS <u>Denton, Md.</u>		DATE SIGNED <u>5/26/51</u>	
23. BURIAL CREMATION REMOVAL (Specify) <u>Buried</u>		DATE <u>May 19, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Spring Grove Cemetery</u>	
LOCATION (City, town, or county) <u>Denton</u>		(State) <u>Md.</u>			
DATE REC'D BY LOCAL REG. <u>5/28/51</u>		REGISTRAR'S SIGNATURE <u>M. D. George</u>		24. FUNERAL DIRECTOR <u>J. Virgil Moore &amp; Son</u>	
				ADDRESS <u>Denton</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



RECEIVED  
JUN 1 1951  
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

04701

Reg. Dist. No. 61

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Greensboro</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Greensboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural, give location) <u>South Main</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ethel</u>	(Middle) <u>Mae</u>	(Last) <u>Parks</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/6/1924</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resturant Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Resturant</u>	9. AGE last birthday <u>27</u> yrs.
13. FATHER'S NAME <u>Vernon Bruce</u>		14. MOTHER'S MAIDEN NAME <u>Lillian Laevis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>206-12-3320</u>	
11. BIRTHPLACE (State or foreign country) <u>Phila. Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
17. INFORMANT AND ADDRESS <u>Melvin Parks Greensboro, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
824.5 Immediate cause (a) <u>Hemorrhage - Internal</u>		<u>Immediate</u>
170c Antecedent cause(s) (b) <u>Fractured rt arm</u>		
(c) <u>Shock</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY <u>Highway</u>	(CITY OR TOWN) <u>Rural Greensboro Caroline Md</u>	(COUNTY) <u>Caroline</u>	(STATE) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) INJURY <u>May 29 1951 1A m.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Lost Control of Car - Thrown out of Car</u>		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE James I. George Jr. City Medical Examiner - Drilton Md (Degree or title) ADDRESS 5/29/51 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/1/1951 NAME OF CEMETERY OR CREMATORY Greensboro LOCATION (City, town, or county) Greensboro, Md. (State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE May 29 - 1951 L. Mae Pippin 24. FUNERAL DIRECTOR R.B. Rawlings Greensboro Md. ADDRESS

290679

RECEIVED  
JUN 4 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04702

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Same</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>George</u> (Middle) <u>Wise</u> (Last) <u>Shaffer</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>28</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 7, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>70</u> yrs. <u>6</u> mos. <u>3</u> days <u>2</u> hours <u>1</u> min.
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZENSHIP (What country) <u>U.S.A.</u>	
13. FATHER'S NAME <u>Salentine Shaffer</u>		14. MOTHER'S MAIDEN NAME <u>Delilah Wise</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>10</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Orlia Shaffer</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Coronary Occlusion</u>		
Antecedent cause(s) (b) <u>Arteriosclerotic Cardiovascular Disease</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>940</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>		INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 27, 1951, to May 28, 1951, that I last saw the deceased alive on May 27, 1951, and that death occurred at 4 P. m. from the causes and on the date stated above.

SIGNATURE <u>Dr. H. H. Moore</u>		ADDRESS <u>Greenboro Rd Denton</u>		DATE SIGNED <u>May 31 1951</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>		DATE <u>May 31 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Denton</u>	
LOCATION (City, town, or county) (State) <u>Denton Md.</u>		24. FUNERAL DIRECTOR <u>J. Vigil Moore &amp; Son</u>		ADDRESS <u>Denton</u>	
DATE REC'D BY LOCAL REG. <u>5/31/51</u>		REGISTRAR'S SIGNATURE <u>George</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED  
JUN 4 1961  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04708

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Conn.</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Denton</u> LENGTH OF STAY (in this place) <u>10 ds.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>New London</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Edward Joseph Walsh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>Jan 29 1915</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrical work</u>	
11. BIRTHPLACE (State or foreign country) <u>Rhode Island</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Walsh</u>		14. MOTHER'S MAIDEN NAME <u>Mary Pinkman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>1-1-1-1-1-1-1-1-1-1</u>	
17. INFORMANT AND ADDRESS <u>William Walsh</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary occlusion</u>			<u>few minutes</u>
Antecedent cause(s) (b) <u>Coronary arteria sclerosis</u>			<u>8 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>94a</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1951, to May 25, 1951, that I last saw the deceased alive on May 25, 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE Paul Knotts MD ADDRESS Denton Md. DATE SIGNED May 26-1 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>May 29</u>	NAME OF CEMETERY OR CREMATORY <u>St. John's</u>	LOCATION (City, town, or county) (State) <u>New London, Conn.</u>
DATE REC'D BY LOCAL REG. <u>5/26/51</u>	REGISTRAR'S SIGNATURE <u>W.D. George</u>	24. FUNERAL DIRECTOR <u>J. Virgil Moore &amp; Son</u>	ADDRESS <u>...</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VVV 367

RECEIVED  
MAY 29 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04704

Reg. Dist. No. 62

1. PLACE OF DEATH- COUNTY <i>Caroline</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Ind</i> COUNTY <i>Caroline</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Rural Denton</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>near Denton</i>	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>ELIZABETH</i> (First) <i>WERNER</i> (Last)		4. DATE OF DEATH (Month) <i>MAY</i> (Day) <i>7</i> (Year) <i>1951</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>JAN 24, 1866</i> 85 yrs.
9. AGE last birthday		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housework</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13. FATHER'S NAME <i>John Ellman</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Schiller</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT AND ADDRESS <i>Ralph Werner, Denton, Ind</i>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <i>Cerebral Hemorrhage &amp; Paralysis</i>			
Antecedent cause(s) (b) <i>Cardiovascular Disease</i>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>General Arteriosclerosis</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <i>SUICIDE</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		HOW DID INJURY OCCUR?	
INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>Jan 15, 1951</i> , to <i>May 7, 1951</i> , that I last saw the deceased alive on <i>May 7, 1951</i> , and that death occurred at <i>6:30</i> m. from the causes and on the date stated above.			
SIGNATURE <i>Charles H. Werner</i>		ADDRESS <i>Denton, Ind</i> DATE SIGNED <i>May 7 1951</i>	
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>May 10, 1951</i>	
NAME OF CEMETERY OR CREMATORY <i>Denton</i>		LOCATION (City, town, or county) <i>Denton Ind.</i> (State)	
DATE REC'D BY LOCAL REG. <i>5/10/51</i>		REGISTRAR'S SIGNATURE <i>Tom D. George</i>	
24. FUNERAL DIRECTOR <i>Virgil Moore</i>		ADDRESS <i>Denton Ind</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



RECEIVED  
MAY 18 1951  
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

04705

Reg. Dist. No. 66

1. PLACE OF DEATH COUNTY <u>Cecil</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Cecil</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Ridgely</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ridgely</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Pannery Lane</u>		STREET ADDRESS (If rural, give location) <u>Pannery Lane</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Wilbert</u>	(Middle) <u>William</u>	(Last) <u>Wheeler</u>
4. DATE OF DEATH	(Month) <u>May</u>	(Day) <u>10</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Mar. 9, 1881</u>
9. AGE last birthday <u>70</u> yrs.	If under 1 year Months <u>  </u> Days <u>  </u>	If under 24 hrs. Hours <u>  </u> Mins. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pay Collector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Canning</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Saul Wheeler</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>  </u>	
17. INFORMANT AND ADDRESS <u>Clinton Wheeler, Ridgely, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Coronary arteriosclerosis - occlusion - probably few minutes</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>generalized arteriosclerosis</u>	
(c) <u>  </u>		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>  </u> INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Dawson & George M. Denton ADDRESS Denton Md DATE SIGNED 5-11-51

23. BURIAL, CREMATION REMOVAL, (Specify) <u>Burial</u>	DATE THEREOF <u>May 14, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Denton</u>	LOCATION (City, town, or county) <u>Denton</u> (State) <u>Maryland</u>
DATE REC'D BY LOCAL REG. <u>May 14, 1951</u>	REGISTRAR'S SIGNATURE <u>Mary C. Laird</u>	24. FUNERAL DIRECTOR <u>Fligil Home &amp; Son</u> ADDRESS <u>Denton, Md.</u>	

MARGIN RESERVED FOR BINDING

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RECEIVED  
MAY 17 1951  
BUREAU A. S.